Print Participants Name

Gender **Age**

Email Address

Signature **Date**

T-shirt Size:

YS YM YL YXL S M L XL XXL

Signature of parent or guardian if under 18

Muskingum County Board of Developmental Disabilities

Dream ★ Believe ★ Achieve

Guernsey County Board of Developmental Disabilities

Waiver and Liability Release Form for Football Clinic

In consideration of the acceptance of my registration for the GCBDD/MCBDD/The Legends Foundation Football Clinic, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter in advance the Guernsey County Board of Developmental Disabilities, the Muskingum County Board of Developmental Disabilities and The Legends Foundation, its officials, officers, employees, volunteers, and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees.

Individual/Parental Consent

I give consent for my child _____ to participate in the above activities and I excuse the above liability release on their behalf.

I give consent for _____ to participate in the above activities, and as their guardian, I execute the above liability release on their behalf.

I _____, agree to participate in the above activities and I execute the above liability release.

Consent for Treatment

I hereby give my consent to have myself or the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that the GCBDD/MCBDD/The Legends Foundation will provide no medical insurance for such treatment, and that the cost of thereof will be at my expense. I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

_____ I understand, that by initialing, I am allowing GCBDD/MCBDD to use my image on the GCBDD/MCBDD website, social media and/or newspaper.

_____

Parent/Guardian Signature Print Name Date

_____

Participant's Signature Print Name Date